

Department of Labor and Industries
Prevailing Wage Program
Employment Standards Section
PO Box 44540
Olympia, WA 98504-4540



360/902-5335
FAX 360 902-5300
Please complete this form in full

APPLICATION FOR SPECIAL CERTIFICATE TO EMPLOY A VOCATIONALLY HANDICAPPED WORKER AT A SUBPREVAILING WAGE RATE

Under the authority of the Prevailing Wages on Public Works Act, RCW 39.12.022 and/or WAC 296-127-400 through WAC 296-127-470, application is hereby made to employ a:

Employer may attach additional information on separate page(s).

HANDICAPPED WORKER: Application is for workers 18 years of age and over for individuals whose earning capacity is impaired by reason of age, mental disability, or physical disability, performing work as a _____ at an hourly rate of \$ _____. Attach a statement from physician, vocational school or other authority verifying this individual's handicap related to the occupation must be attached.

Description of work _____

Nature of disability _____ Percent of full productivity _____

Period requested for subprevailing wage certificate: From _____ to _____

Worker will be employed _____ hours per day _____ and days per week.

Subprevailing hourly wage rate to be paid for occupation \$ _____

TO BE COMPLETED BY EMPLOYEE/WORKER

Worker name		Date of birth		Phone number	
Address					
City			State	ZIP	
Fax Number			E-mail		
Have you previously been employed in this industry? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, how many total hours?		
Business name of previous employer(s) in this industry					
Address and phone number of previous employer(s)					
Date	Signature of Worker or Individual with Custody or Power of Attorney				

TO BE COMPLETED BY EMPLOYER

Firm name		UBI No	
Firm address:			
City		State	ZIP
Phone Number	Fax Number		E-mail
Date	Signature and Title of Employer or Employer's Authorized Representative		

FOR DEPARTMENT USE ONLY

Certificate Number: _____ Effective Date: _____

Attach copies of this certificate to the Statement of Intent to Pay Prevailing Wages and the Affidavit of Wages Paid when you submit these forms to the Industrial Statistician for approval.

This certificate is valid from _____ to _____

Date	Industrial Statistician/Prevailing Wage Manager
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